

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Debra M. Eckert, David C. Chan, Vladimir Malashkevich,  
Peter A. Carr and Peter S. Kim

Application No.: 09/746,742 Group: 1639

Filed: December 21, 2000 Examiner: B.M. Celsa

Confirmation No.: 8580

For: INHIBITORS OF HIV MEMBRANE FUSION

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

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Signature

Carol M. Bowerman  
Typed or printed name of person signing certificate

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)	(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	10	MINUS	* 97	0
INDEP	8	MINUS	** 24	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20

\*\* not fewer than 3

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 9	\$
X	\$43	\$
+	\$145	\$

TOTAL = \$ 0

OTHER THAN  
SMALL ENTITY

	RATE	ADDIT. FEE
X	\$18	\$
X	\$86	\$
+	\$290	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	<u>110</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Supplemental Information Disclosure Statement	\$	<u>180</u>
	_____	\$	_____
	TOTAL:	\$	<u>290</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Anne J. Collins  
Anne J. Collins  
Registration No.: 40,564  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

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